## DATE / OFFICEHOLDER 'AIGN FINANCE REPORT

4506

FORM C/OH COVER SHEET PG 1

this form.	TION GUIDE explains how		1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	7 TITLE	FIRST MICHAEL	A	OFFICE USE ONLY
CANDIDATE / OFFICEHOLDER ADDRESS	ADDRESS / PO BOX APT /	CARTER CITE		
Change of Addre				. □ 3 D S
CAMPAIGN TREASURER NAME	TITLE  LIVETIS LIVETUS  NICKNAME	FIRST SUNDA	MI SUFFIX	Receipt 8 CO Amount  Date Processed
CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX P			ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE PHONE (512) 928	NUMBER -9860	EXTENSION	
REPORT TYPE	<u> </u>			
PERIOD	ا8 الدل الدل الدل الدل الدل الدل الدل ال	7th day before election	Runoff  Exceeded \$500 limit	15th day after campaign treasurer appointment (officenoider only)  Final report (Attach C/OH - FR)
PERIOD COVERED			Exceeded \$500 limit	Final report (Attach C/OH - FR)  Year
COVERED	Month Day Year  12/29/99  ELECTION DATE  Month Day Year  03/14/00	h day before election	Exceeded \$500 limit	Epopintment (officenoider only)  Final report (Attach C/OH - FR)  Ay Year
ELECTION DEFFICE	July 15 St.  Month Day Year  ELECTION DATE  Month Day Year	THROUGH	Exceeded \$500 limit  Month D  O 1 15  Runoff  12 OFFICE SOUGHT (# No.	appointment (officenoider only)  Final report (Attach C/OH - FR)  Year  General: Special
ELECTION  DEFICE  EXECT  EMPAIGN  XPENDITURE  Y OTHER	Month Day Year  12/20/19  ELECTION DATE  Month Day Year  03/14/00  OFFICE HELD (fary)	THROUGH  ELECTION TYPE  Primary	Exceeded \$500 limit  Month  D 1 / 15  Runoff  12 OFFICE SOUGHT (# NO.)  CONSTABLE   1	appointment (officenoider only)  Final report (Attach C/OH - FR)  Ay Year  General: Special  Own)
ELECTION  DEFICE  EXECT  EAMPAIGN  XPENDITURE  Y OTHER  NDIVIDUALS	Month Day Year  12/20/40  ELECTION DATE  Month Day Year  03/14/00  OFFICE HELD (fany)  Direct campaign expenditures a Candidates are required to disclose  Name  Access 180.8	THROUGH  ELECTION TYPE  Primary	Exceeded \$500 limit  Month  D 1 / 15  Runoff  12 OFFICE SOUGHT (# NO.)  CONSTABLE   1	appointment (officenoider only)  Final report (Attach C/OH - FR)  Year  General:  Special  Own)

Texas Ethics Commission

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 ACCOUNT # (Ethics Commission Ners)
Mic	HAEL L.	AYCIEI -	
16 SUPPORTING POLITICAL COMMITTEE(S)	This listing inclu     have been made with	des political expenditures by political committees to support the candidat hour the candidate's or officeholder's knowledge or consent. Candidates a by receive notice of such expenditures.	e / officeholder - These expenditures may nd officeholders are required to report this
00		COMMITTEE NAME	
	COMMITTEE TYPE	COMMITTEE POME	
		NA	
	GENERAL	COMMITTEE ADDRESS	
	02.1.20.12		
	SPECIFIC		
		COYMITTEE CAMPAIGN TREASURER NAME	
		·	
additional pages		:	,
_		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 NO REPORTABLE			
ACTIVITY	Check here if	no reportable activity occurred during this reporting period. (Sign affidavit be	ow and submit pages 1 and 2 only )
18 CONTRIBUTION	1. TOTAL PLEGG	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	<b>e</b> .
TOTALS	72233	EST EST TO ON GOARANTEED OF EOR TO), ONCEDO FERMELD	NA
	******	POLITICAL CONTRIBUTIONS	
		, POLITICAL CONTRIBUTIONS  THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
	(011121	That teades, to me, on comment to a company	⇒ N IV
EVERNOTURE	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZ	ED.
EXPENDITURE TOTALS	3. TOTAL	POETHORE EXPENDITURES OF 330 ON EE35, GREEDS FEMILE	5
			\$ N/M
Î	4. TOTAL	POLITICAL EXPENDITURES	
	1. 1017.	TOETHORE EXPENSION	\$ & OO.00
OUTSTANDING	5 TOTAL	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH	
LOAN TOTALS	LAST D	AY OF THE REPORTING PERIOD	\$2,000.00
			27,000,000
19 AFFIDAVIT			
		I swear or affirm under penalty of r	perjury, that the accompanying report
			nformation required to be reported by
		me under Title 15, Election Gode.	
			•
	_	,	
		Signature of Cand	data as Officeboldes
		Signature of Cand	idate of Cilicenoider
AFFIX NOTARY STAME	P / SEAL ABOVE		
Swom to and subscribed	before me, by the sa	oid	day of
		•	
19, to certify wh	hich, withess my har	nd and searof office	

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

	истом Guide explains how to complete th	s form.	7 Total pages Sch	1 Total pages Schedule A:		
FILER N	MICHAEL A. CAKTE	R	3 ACCOUNT # (E	thics Commission filers)		
Date	5 Full name of contributor  Contributor address; City; State	OM of state PAC  Zip Code	7 Amount of contribution (\$)	8 In-kind contribution description(if applicab		
Principal o	Coupation	10 Employer (op	otional)			
Date		Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)		
Bringing		·				
Principal of	ccupation	Employer (opt	tional)			
Date	Full name of contributor  Contributor address: City: State.	Out of state PAC	Amount of contribution (S)	In-kind contribution description(if applicable		
Principal oc		Employer (opti	ODAIN			
•		= 1p = 75 · (0p)	0.12.)			
Date	Full name of contributor	Out of state PAC	Amount of	In-kind contribution		
	Contributor address, City; State,	Out of state PAC		in-kind contribution description(if applicable		
Date	Contributor address, City; State,	Out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable		
	Contributor address, City; State,	Out of state PAC  Zip Code  Employer (option	Amount of contribution (\$)	In-kind contribution description(if applicable)  In-kind contribution description(if applicable)		

Texas Ethics Commission

PLED(	GED CONTRIBUTIONS			SCHEDULE B
The lustry	истіом Guide explains how to complete this fo	1 Total pages Scr	nedule B	
2 FILER N	JAME WICHNEL A. CARTIFE		3 ACCOUNT# (E	thics Commission fiers)
4 TOTA	AL OF UNITEMIZED PLEDGES:		<b>\$</b>	\$
5 Date	6 Full name of piedgor  IN IA  7 Piedgor address; City State,	out of state PAC	8 Amount of pledge (\$)	9 In-kind description (if applicable)
10 Principal o	ccupation	11 Employer (opti	onal)	1
Date	Full name of pledgor	Out of state PAC	Amount of pledge (\$)	In-kind description (if applicable)
	Piedgor address, City, State, 2	Zip Code :		
Principal of	ccupation	Employer (option	on <b>a</b> !)	
Date	! Fu'll name of predgor	Out of state PAC	Amount of piedge (5)	In-kind description (if applicable)
	Pledgor address City State, 2	Zip Code		 
Pensipal oc	ccupation	Employer (option)	 cnal)	
Date	Full name of pledgor	Out of state PAC	Amount of predge (\$)	In-kind description (if applicable)
	Pledgor address City, State, Z Code			 
Principal oc	ccupation	, Employer (optic	onal)	
Date	Full name of pledgor	Out of state PAC	Amount of predge (\$)	in-kind description (if applicable)
	Piedgor address. City State Z Code	l'P		 
Principal oc	ccupation	Employer (optic	naf)	<u> </u>
if cor	ATTACH ADDITIONAL ( ntributor is out-of-state PAC, please see	COPIES OF THIS FORM	AS NEEDED additional report	ing requirements.

The Instruction C	Guide explains how to complete this fo	om.	1 Total pages	Schedule E
FILER NAME			3 ACCOUNT	(Ethics Commission filers)
Mich	AAEL A CARRER			
TOTAL OF L	UNITEMIZED LOANS:	D D D	t) t)	\$
Date of loan	7 Name of lender	Out of state PAC		9 Loan Amount (\$)
1-15-60	BRUCE THOMPSON	· · · · · · · · · · · · · · · · · · ·		# 1000.00
is lender a financial Institution?	8 Lender address: City, State.	Zip Code		10 Interest rate
Y (N)	1304 White Done C			- () -
C)	Cedan Park, Texas	, 78613		11 Matunty date
Description of Collat	eral			03-14-(0
<b>⊠</b> none				
	14 Name of guarantor			16 170015
INFORMATION	NIA	70.044		16 Amount Guaranteed (\$)
INFORMATION  not applicable  Principal Occupation	N A  15 Guarantor address, City, State,	Zip Code  18 Employer		
not applicable  Principal Occupation	NIA  15 Guarantor address, City, State,			
INFORMATION  not applicable  Principal Occupation  Date of ican	NIA  Name of lender	18 Employer  out of state PAC		
INFORMATION  not applicable  Principal Occupation	NIA  Name of lender	18 Employer  out of state PAC		NJA  Loan Amount (\$)
INFORMATION  In not applicable  Principal Occupation  Date of ican  In 14 - 100  stender a	NIA  15 Guarantor address. City. State.  NIA  Name of lenger  Challeff Light Torrell Engler address. City. State.	18 Employer  Out of state PAC		Loan Amount (\$)  M 100 C. (7C)  Interest rate
Principal Occupation  Date of ican  1 1 4 - 00  siender a mandial institution?	NIA  15 Guarantor address, City, State,  NIA  Name of lenger  Chefeff Line Torce (2)	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  FU 100 C. (C)  Interest rate
Principal Occupation  Date of ican  1 14 - 00  siender a inancial institution?	NIA  15 Guarantor address, City, State,  NIA  Name of lenger  Cheft (1) 1/11 - Text (2)  Lenger address, City, State,  22 - 14 (20) (1) (1) (1)	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  M 100 C. (7C)  Interest rate
Principal Occupation  Date of ican  The COO is sender a inancial institution?	NIA  15 Guarantor address. City. State.  NIA  Name of lender  Cheft () () () () () () () () () () () () ()	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  FU 100 C. (C)  Interest rate
Principal Occupation  Date of Ican  1 - 14 - 00  silender a manual Institution?  (N)  Description of Collater.	NIA  15 Guarantor address. City. State.  NIA  Name of lender  Cheft () () () () () () () () () () () () ()	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  M 100 C. (7C)  Interest rate
Principal Occupation  Date of ican  I — I — O O Silender a nancial institution?  escription of Collater.  I none  UARANTOR	Name of guarantor  Name of guarantor	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  FM 100 C. (7C)  Interest rate
not applicable  Principal Occupation  Date of ican  I — I — O O  siender a nanual institution?  escription of Collater. I none  UARANTOR	NIA  15 Guarantor address. City. State.  NIA  Name of lenger  Cheft fight Torce (2)  Lenger address. City. State.  22 = 114 (2006) (1000)  (3 (2006) (1000)	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  FM 100 C. (10)  Interest rate
Principal Occupation  Date of Ican  1 - 14 - 00  silender a inancial Institution?  Y N  Description of Collater.  K none  GUARANTOR  NFORMATION	Name of guarantor  Name of guarantor	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  FM 100 C. (7C)  Interest rate
Principal Occupation  Date of Ican  I = 14 - 00  Is lender a financial institution?  Y N  Description of Collater.  X none  GUARANTOR  INFORMATION	NIA  Name of lender  Challet First Torchest  Lender address, City, State  Lender address, City, State  22 - 11 (2006) (1000)  (1000) (1000)  Name of guarantor  Ni A	18 Employer  Out of state PAC  Zip Code		Loan Amount (\$)  FM 100 C. (10)  Interest rate

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

## POLITICAL EXPENDITURES

Texas Ethics Commission

SCHEDULE F

(512) 463-5800

				·
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Scr	edule F.
2 FILER NAM	E		3 ACCOUNT # (E	thics Commission filers)
11	CHINEL A CARRELL			
4 Date	5 Payee name		7	Amount (\$)
	TEXAS DEMOCRATIC PAR	rti		
1-03-00	6 Payee address; City State; Zip Code			<b>*</b> 800.00
	1311 E GTH STEET AUST	10, PK 78701		
B Purpose of ex	penditure	9 ··· Complete if direct exp	enditure to benefit C/	он
- Filhikk		Candidate / Officeholder		Office sought / held
		Muchael K.		,
	:			
Date	Payee name			Amount (\$)
				(3)
	Payee address; City, State Zip Code			
Purpose of ex	penditure	Complete if direct exp Candidate / Officeholder		OH ++ Office sought / held
		Candidate / Onicandida	na me	or the sought i had
Date	: Payee name			Amount ( <b>5</b> )
				(3)
	Payee address City State Zip Code			
	! !			
		Ţ		
Purpose of ex.	penditure	Complete if direct exp Candidate / Officeholder		OH Office sought / held
				•
Clate	Payee name			Amount ( <b>\$</b> )
		<b></b>		\-,'
	Payee address, City State. Zip Code			
Eurosa et s	l conduite	T		
Purpose of exp	ce randre	Complete if direct exp     Candidate / Officeholder		OH ··· Offical sough: / held
	•			
		<u> </u>		

#### POLITICAL EXPENDITURES SCHEDULE G MADE FROM PERSONAL FUNDS The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 ACCOUNT # (Ethics Commission filers) Amount **(S)** ....N.I.A.... 6 Payee address; City; State, Zip Code 7 Purpose of expenditure Reimbursement from political contributions pepnesini Date Payee name Amount (5) Payee address; City; State; Zip Code Purpose of expenditure Reimbursement from political contributions intended Date Payee name Amount **(S)** Payee address. City; State; Zip Code Purpose of expenditure Reimbursement from political contributions intended Cate Payee name Amount **(S)** Payee address, City, State, Zip Code Purpose of expenditure Reimbursement from political contributions intended Date Payee name Amount (\$) Payee address: City, State; Zip Code Purpose of expenditure Reimbursement from political contributions intended ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED # B Printed on recycled paper

### PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

9	$\sim$	н	F	ı	1	F	н

(512) 463-5800

FILER NAN			1 Total pages Schedule H		
, , ,	ME HAUL A.CARTEK		3 ACCOUNT # (Ethics Comr	nission filers)	
Date	5 Business name  MA  6 Business address. City, State	: Zıp Code	7	Amount (\$)	
Purpose of p	ayment	9 Co Candidate / C	mplete if direct expenditure to bene Officeholder name	fit C/OH ++ Office sought / held	
Date .	Business name  Business address: City State	Zp Code		Amount (\$)	
Purpose of pa	gymen:	·· Com Candidate / C	ppiete if direct expenditure to benefi ficeho der name	t C/OH Office sought / held	
Date	Business name  Business address, City State	Zip Code		Amount (\$)	
Furpose of pa	yment		plete if direct expend ture to benefi ficeriolder name	C/OH: ** Office sough! / held	
Date	Business name  Business address; City, State	Zıp Code		Amount (\$)	
	vment		np ete if direct expenditure to benefi		

### NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

•	$\sim$			D	 	_
. ¬	1 .	м	-	F 1	 1 1	

The Instru	спон Guide explains how to complete this form.	1 Total pages Schedule I.
FILER NA	Liennec A CARTERIA.	3 ACCOUNT # (Ethics Commission filers)
Date	5 Payee name	* 8 Amount (\$)
	7 Purpose of expenditure	·.
Date	Payee name  Payee address: City: State: Zip Code	Amount (\$)
	Purpose of expenditure	
Date	Payee name  Payee address City: State. Zip Code	Amount (\$)
	Purpose of expenditure	
<b>Date</b>	Payee name Payee address, City, State, Zip Code	Amount (\$)
	Purpose of expenditure	
Oate	Payee name  Payee address; City, State, Zip Code	Amount (\$)
	Purpose of expenditure	

## CREDITS (optional)

#### SCHEDULE K

		1 Total pages Schedule K		
The Instruction	GUIDE explains how to complete this form.	1 Total pages 3d leading N	econe ic	
FILER NAM	Ε	3 ACCOUNT # (Ethics Con	nmission filers)	
110	MAEL A CARRENCE			
Date	5 Payor name 6 Payor address; City State, Zip Code	8	Amount (\$)	
	7 Reason for credit			
Date	Payor name		Amount '	
	Payor address: City. State Zip Code  Reason for credit	.`	<b>(\$</b> )	
Date	Payor name Payor address. City, State Zip Code		Amount (\$)	
	Reason for credit			
Cate	Payor name  Payor address: City, State Zip Code  Reason for credit		Amount ( <b>\$</b> )	
Clate	Payor name Payor address: City, State, Zip Code		Amount (\$)	
	Reason for credit		. '	

# CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

DE	ESIGNATION OF FINAL REPORT	FORM C/OH - FF
The •• C	C/OH Instruction Guide explains how to complete this form. complete only if "Report Type" on C/OH page 1 is marked "Final Report" ••	
1 C/OH	H NAME.	
<u> </u>	Michael A. Carter	2 ACCOUNT # (Etnics Commission No
3 SIGI	NATURE	
l do a re con	o not expect any further political contributions or political expenditures in connection with my candida eport as a final report terminates my campaign treasurer appointment. If also understand that itributions or make any campaign expenditures without a campaign treasurer appointment on file.	cy. I understand that designating I may not accept any campaign
	Signature of C	Candidate / Officenoide;
	· .	variordate / Gillinenolde:
FILER	R WHO IS NOT AN OFFICEHOLDER	
Con	nplete A & B below only if you are a candidate ••	
A.	CAMPAIGN FUNDS	
Chec	ck only one:	
L	I do not have unexpended contributions or unexpended interest or income earned from political co	Ontributions
	I have unexpended contributions or unexpended interest or income earned from political contribution convent unexpended political contributions or unexpended interest or income earned on political calso understand that I must file an annual report of unexpended contributions and that I may not report or unexpended interest or income earned on political contributions longer than six years after file understand that I must dispose of unexpended political contributions and unexpended interest contributions in accordance with the requirements of Election Code, § 254,204.	etain unoverse a
3.	ASSETS	
Check	only one:	
$\mathbf{X}$	I do not retain assets purchased with political asset it	
	I do not retain assets purchased with political contributions or interest or other income from political	l contributions
<u>'</u>	I do retain assets purchased with political contributions or interest or other income from political commay not convert assets purchased with political contributions or interest or other income from political understand that I must dispose of assets purchased with political contributions in according Election Code, § 254,204.	etributions. I understand that I tical contributions to personal lance with the requirements of
	Signature	of Candidate
FFICE	HOLDER	
Comple	ete this section only if you are an officeholder ••	
la	am aware that I remain subject to filing requirements applicable to an officeholder who does not have a	-
	mo does not have a	eampaign treasurer on file
	Signature of	Officenolder
	= 19/14(1)(2)(1)	cci iolag: